DOC-02-6

# FILED/ACCEPTED CHICINAL MAY 20 2009

### Kesha Woodward

Federal Communications Commission Office of the Secretary

From:

Przybyla, Brian [bprzybyla@charterschoolsusa.com]

Sent:

Monday, May 11, 2009 12:33 PM

To:

Kesha Woodward

Subject:

Waiver for Out of Window Filing of Form 471--- Email 1of2

Attachments: BSCS-471.pdf; CCCS-471.pdf; DMCS-471.pdf; FCCS-471.pdf; GCHS-471.pdf; GCS-471.pdf;

HAAS-471.pdf

Ms. Woodward,

It was a pleasure speaking with you this morning and as per our conversation I am sending over the copies of our Form 471. The reason our e-rate process went off track this year was primarily due to staff turnover within our company. The employees that were originally assigned the task left the company shortly after we began the process and having prior knowledge of the process myself I continued the task alone. I was able to get the Form 470 completed and certified by Feb. 3rd, then allowing the 28days for the active bids on the service requested was complete. I then completed the filing of the Form 471 by paper including certification, I then submitted the forms to USAC by certified mail on March 16th. I have all contracts signed and dated March 3rd and 4<sup>th</sup>, 2009, and the service provider has already started the engineering stages of the services requested.

If there are any problems with the scanned copies of the Form 471 as well as any other questions you may have please do not hesitate to give me a call at the number below or my cell phone at 561-596-5693.

Thank you very much for your time and I look forward in hearing from you.

Best regards,

Brian Przybyla

Brian Przybyla Network Administrator Charter Schools USA 954-202-3500 ext. 1265 bprzybyla@charterschoolsusa.com www.CharterSchoolsUSA.com

> No. of Copies rec'd\_ List A B C D E

# Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471

Estimated Average Burden Hours per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org.)

The instructions include information on the deadlines for filling this application.

	Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org.)  The instructions include information on the deadlines for filing this application.											
		ant's Form Identifier our own code to identify			ØZE				Fe	irm 471 App	lication#:	
Blo	ck	1: Billed Entit	y Info	ormation	The "Billed	Entity" is	the entity pay	ing the	bills for the	services listed (	on this form,)	
	a	Name of Billed Entity	Ø	bbk	ENGINEEN SERVE		· 新黎斯斯斯 350		wh.	<b>加德沃龙</b>	n se	hen Le
2	а	Funding Year; July	/1,		through Jun	e 30.		3 B	illed Entity	/ Number	Wa by	
4	а	Street Address, P.O. Box, or Route Number										
		City	建									<b>大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大</b>
		State		Zip Code						·		
	b	Telephone Number				Fxi		C	Fax Number	型即份	別関係	智觀医说
5	a	Type of Application		fual School	(individua	al public o	r non-public :	school)				
		整	Schoo	ol District	(LEA; pu	blic or nor	n-public (e.g.	dioces	an] local dis	strict representi	ng multiple scho	ools)
			Librar	у	(includin	library sy	/stem, library	outlet	branch or i	ibrary consortiu	m as defined ur	ider LSTA)
		影響	Consc	ortium	图 Cr	eck here	If any membe	ers of the	his consorti	um are ineligibi	e or non-govern	mental entities.
_	6	Contact Person's Name				<b>斯</b> 俊						
		First, if the Contact for the Street Addre			Address is t	he same	as in Item	4, che	ck this bo	x. <u>Sp</u> if no	ot, please com	plete the entries
	b	Street Address, P.O. Box, or Route Number					遊園 建設間					
		City										
		,ena	SEE SEE SE			MAN ING		AND THE		<b>新型型型 開發</b>	ALLEN MENTERS	<b>亚加姆亚的海绵</b> 州市
				Zip Code	CONTACT CONTRACT PRINCES				<del>-</del>			<del></del> -
		Check the box next entry provided.	to you	r preterred	mode of co		и рголиве у	our co		mation. One	box MUST be	checked and an
36; 36;	C	Telephone Number				Ext		d	Fax Number	ZEX		WRES.
		E-mail Address	STORAGE BEALTH	e en escientisto pera	erakan maat value	idensa sensen eta	tal distant scholes eras	ON RESERVE ME		Person Whitema States of Security	\$45560014005.4645 (1914)3446 (1415)3757	kunu pam pany pany padi
X	8 -									四個多 亿	SUM	
	f	Holiday/vacation/s contact information										
		<del></del>		TO SHIP SHALL SHA	7.22 1/4 2/4 2/4 2/4 2/4 2/4 2/4 2/4 2/4 2/4 2		Server Graving roffering (F)			AND DESCRIPTION OF THE PARTY OF	THE THE THE THE THE	The second of th



16052755 BSES Entity Number Applicant's Form Identifier BRION PRZYBYla Phone Number 954-100-3500 ext 1265 Contact Person This information will facilitate the processing of your applications. Please complete all rows that apply to services for which you are requesting discounts. Complete this information on the FIRST Form 471 you file, to encompass this and all other Forms 471 you will file for this funding year. You need not complete this information on subsequent Forms 471. Provide your best estimates for the services ordered across ALL of your Forms 471. Schools/school districts complete Item 7. Libraries complete Item 8. Consortia complete Item 7 and/or Item 8. Block 2: Impact of Services Ordered on Schools IF THIS APPLICATION INCLUDES SCHOOLS... BEFORE ORDER AFTER ORDER 7a Number of students to be served. Telephone service: Number of classrooms with phone service Dial-up Internet access: Number of connections (up to 56kbps) Direct broadband Less then 10 mbps services: Number of buildings served at Between 10 mbps and 200 mbps the following speeds: Greater than 200 mbps Direct connections to the Internet: Number of drops Number of classrooms with Internet access Number of computers or other devices with Internet access Block 3: Impact of Services Ordered on Libraries IF THIS APPLICATION INCLUDES LIBRARIES... **BEFORE ORDER** AFTER ORDER 8a Number of library patrons to be served Telephone service: Number of rooms with phone service Dial-up Internet access: Number of connections (up to 56kbps) Direct broadband Less than 10 mbps services: Number of buildings served at Between 10 mbps and 200 mbps the following speeds: Greater than 200 mbps Direct connections to the Internet: Number of drops Number of buildings with internet access Number of computers or other devices with internet access Block 4: Discount Calculation Worksheets You must complete a separate worksheet for each group of entities sharing one or more services. If you are filling as a consortium and your members Include school districts or library systems, you must complete a separate worksheet for each of those members. In addition, if you are applying for discounts for administrative buildings or other non-instructional facilities, you must complete a worksheet for all schools in the school district or all library outlets/branches in the library system in order to calculate the appropriate discount for those facilities. In general, the following columns must be completed: INDIVIDUAL SCHOOLS: Columns 1-7 and Columns 9-10 SCHOOLS IN ONE SCHOOL DISTRICT (SHARED SERVICES): Columns 1-10 and Itam 9b, Line 1 SCHOOL DISTRICTS: Columns 1-10 and Item 9b, Line 1 LIBRARY OUTLETS/BRANCHES Columns 1-7 and Column 11 LIBRARY OUTLETS/BRANCHES IN ONE LIBRARY SYSTEM (SHARED SERVICES): Columns 1-7, Column 11, and Item 9b, Line 2 LIBRARY SYSTEMS: Columns 1-7, Column 11, and Item 9b, Line 2

CONSORTIA (after completing a worksheet or worksheet entry for each member entity as needed). Columns 1-2, Column 12, and Item 9b, Line 3

Please refer to the Form 471 Instructions for specific information on each Item in the worksheet.

Entity Number/6	052755	Applic	cant's Form Ide	ntifier	$_{-}$ $\mathcal{B}$	SES						
Contact Person Buc	IN PAZYbyla		act Telephone h		5420.	2352	D 24+ 12	65				
Block 4: Discount Calc	ulation Worksheet								Worksheet			
<b>-</b>											_of	
you are filing. If you file more refer to the instructions for inf a List entities and calculate discor	The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correct refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.  List entities and calculate discount(s):  School District or Library System Name:  School District or Library System Name:											
School District or Library System	n Name:			School	ol District	or Librar	y System Entity	y Number	:- <u></u>			
1	Z Entity Number AND	3	4	5	6	7	8	9 Pre-K	10 At	11	12	13 Shared
Name of Eligible Entity	NCES Code (for Chords) or FSCS Code (for Libraries)	Urban er Rural U or R	Total Number of Students	Number of Students Bigrible for NSLP	Percent of Students Eligible for NSLP (Col. 61 Col. 6)	Discount from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Adult Ed Or Javanile Justice	Disc. Mech	Entity Number of School District in which Library Ourlet/Branch is Located	Olscount of Member Entity	Discoun
ALLE	NTITIES		sсно	IOLS AND LIBRARIES		<del></del>	Schools with Shared Services	School	ots.	Library Outlets/Branches	Consortia	
		急	594277					2				
								<b>×</b>				
	四個医型型國際國際				<b>#</b>	<b>E</b>			<b>2</b>			
的现在分词 的复数 化二甲基丙基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲甲甲甲甲甲甲甲												
9b Shared Services  SCHOOL DISTRICTS: (Including Calculate the totals of Columns 4 the total of Column 4. Enter the re												
	BRARY SYSTEMS: Calculate the total of Column 7. Divide this total by a number of outlets/branches. Enter the result in Column 13.									21/26/57/5		

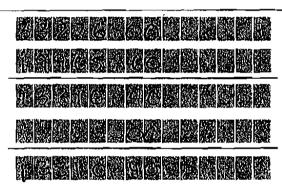
CONSORTIA: Calculate the total of Column 12. Divide this total by the number of member entities. Enter the result in Column 13.

140000		0.00						
	int's Form 1d							
Contact Person BRIGH PRZYBYLOC	Phone	e Number 954-202-3500 Lext.1265						
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Requ for which you are requesting discounts. Make as many copies of this	test Number)	er) Block 5, page						
needed, and number the completed pages to assure that they are all p	processed co	correctly.						
If this is a duplicate Funding Request (e.g., of an FRN etc.), check this box and enter the original FRN in the	that is not ye space provide	yet approved, under appeal, ided:						
11 Category of Service ( only ONE category should be checked	ed)	23 Calculations						
PRIORITY 1 Telecommunications Maintenance Maintenance	Basic	A. Monthly charges (total amount per month for service)						
Service  Basic Meintenance of Internal	1							
12 Form 470 Application Number	<del></del>							
	- [	B. How much of the amount in A is ineligible?  5  ENRIFY THE THE THE PROPERTY OF THE PROPERTY						
13 SPIN - Service Provider Identification Number								
		C. Eligible monthly pre-discount amount (A minus B)						
14 Service Provider Name		2						
<b>心知道前便仍認識認識。</b>		D. Number of months service provided in funding year						
	}	E. Annual pre-discount amount for eligible recurring charges						
15a Check this box if this Funding Request is for non-contratariffed or month-to-month services.		F. Annual non-recurring charges						
15b Contract Number								
15c this Check this box if this Funding Pequest is covered under a master contract contract negotiated by a third party, the terms and conditions of which are available to an eligible entity that purchases directly from the service provi	t (a then made iden).	G. How much of the amount in F is ineligible?						
Circck this box if this Funding Request is e continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:		G. How much of the amount in F is ineligible?						
16a Billing Account Number (e.g., billed telephone number)								
16b Check this box if there are multiple Billing Account Numbers and complete list of those numbers to this page.	d attach a	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)						
Allowable Vendor Selection/Contract Date (mm/dd/yyyy)  17 (based on Form 470 filing)								
18 Contract Award Date (mm/dd/yyyy)		J. Total funding year pre-discount amount (E + H)						
19 Service Start Date (mm/dd/yyyy)		<b>日間に開始性の水平はあまっ</b> つ						
20a Service End Date (mm/dd/yyyy)		J. Discount from Block 4 Worksheat  K. Funding Commitment Request (1 x J)						
Contract Expiration Date 20b (mm/dd/yyyy)								
21 Description of This Service:  You MUST ettach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Atlachment Number,								
and note number in space provided.  a. If the ser	vice is site-soe	pecific (provided to one site area since see some see see see see see see see see see s						
22 Entity/Entitles Receiving This Service: and not she the entity for b. If the ser	ared by others) om Block 4 rec vice is shared	is), list the Entity Number of eceiving this service: ad by all entitles on a Block 4 sheet number (e.g., 1):						

Entity Number	16052755	Applicant's Form Identifier	BSCS	
Contact Person	BRIAN PRZYBYLA	_ Phone Number	954-202-3500	uxt-1265

### **Block 6: Certifications and Signature**

- 24 X I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
  - schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
  - b ibraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not oparate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.
- I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned rasources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).
  - a Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.)
  - Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)
  - c Total applicant non-discount share (Subtract Item 25b from Item 25a.)
  - d
    Total budgeted amount allocated to resources not eligible for E-rate support
  - Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)



- Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.
- l certify that all of the schools and libraries or library consortia listed in Block 4 of this application ere covered by tachnology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and an SLD-certified technology plan approver, prior to the commandement of service. The plans were written at the following level(s):
  - a san individual technology plan for using the services requested in this application; and/or
  - b Manufacture higher-level technology plan(s) for using the services requested in this application; or
  - c 🏙 no technology plan needed; applying for basic local, cellular, PCS, and/or long distance telaphone service and/or voice mail only.
- 1 certify that I posted my Form 470 and (if applicable) made my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
- 28 I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have compiled with them.
- I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the Billed Entity has not received anything of value or a promise of anything of value, other than services and equipment requested under this form, from the service provider(s), or any representative or agent thereof or any consultant in connection with this request for services.
- I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that fallure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that feilure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

								<del>-</del>		
Entity	Number _	160	052755		ant's Form k			ils		
Conta	ct Person	Brian	PRZYBYIa	Phone	Number _	954-9	UD-3500	.cx+.124	25	
31	I acknowled and librarie	dge that the c es that are tre	liscount level used ated as sharing in t	for shared service he service, receiv	es is condition e an appropri	al, for future ale share o	years, upon of benefits from	ensuring that the those services	e most disadvan	taged schools
32	documents services re	necessary to ceiving school	required documents demonstrate comp ols and libraries dis- t to participation in	pliance with the st counts, and that if	alute and Cor audited, I will	nmission ru I make such	les regarding t	he application	for, receipt of, an	d delivery of
33 🍇	that I am a the informa have comp form can b	ulhorized to s ation on this fo died with the t e punished by	ized to order leteco submit this request orm is true and corr terms, conditions at y fine or torfeiture u U.S.C. Sec. 1001 a	on behalf of the el ect to the best of the nd purposes of the nder the Commur	igible entity(ie my knowledge program, tha iications Act,	es) listed on e, that the e at no kickba 47 U.S.C. S	this epplication ntities that are cks were paid	n, that I have e receiving disco to enyone and	xamined this requests pursuant to that false statem	uest, that all of this epplication ents on this
34	their pertici reasonable application	ipation in the measures to , or any perso	rules provide that schools and librarie be informed, and v on associated in an anising from their p	es support mechai will notify USAC sl y way with my ent	nism ere subje nould I be info ity and/or the	ect to suspe irmed or <b>be</b> entities liste	nsion and deb come aware th ed on this appli	arment from the lat I or any of the cation, is convi-	e program. I will le entities listed c	institute on this
35 💥	component		Funding Requests allocated the cost							
36 🌋	the Commi	ssion require	request does not o ment that eligible e y the Commission's	ntities are not eligi	ble for such s	support mor				
37-10	services le rule, the pr	atured on this ovision, by th	count portion of the Form 471 are net e provider of a sup- the cost of the supp	of any rebates or operated service, of	discounts offe	red by the s	service provide	r. I acknowled	ge that, for the p	urpose of this
38	Signa	wan of autho	orized person	2		39	Date			
40			thorized person				CASA PARE CARA	28 ESTE PART 12550 193	CE HOUSE ENGL.	
<b>4</b> 1	Title o	r position of	authorized person	THE CONTRACT PROPERTY AND THE	Electric descriptions with	d Terres Brief and				
42a			O. Box, or Route I							
	State		Zip Code							
42b	Telepi	hone numbe	r of authorized pe	reon	Ext	4	2c Fax numbe	er of authorize	d person	
	7									
42d			authorized persor							-
	•									
1	Name	or authorize	d person's emplo	ver						1

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may Impose obligations on entities to make the services purchased with these discounts accessible to end usable by people with disabilities.

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schoots and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currantly valid OMB control number

The FCC is authorized under the Communications Act of 1934, as amended, to collect the Information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any epplicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

### Please submit this form to:

SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms ATTN: SLD Form 471 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100

Approval by OMB 3060-0806

## Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471

Estimated Average Burden Hours per Response: 4 hours

This form asks schools and fibraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org.)

			The	<u>instruction</u>	ons Incli	ude info	rmatio	n on the	deadl	nes	for filling	this ap	plication	n			
	nt's Form Ident our own code to ide		HIS For	rm 471\									M App gred by a			· ·	
	1: Billed E				n area	Bliled Er	Mile In	the entity	navino	the b	the for the	e e e e e e e e e e e e e e e e e e e	e lietad c	n this to	em 1		
	Name of		Mark 1	Spires person must	PATRICIA PARA	. 62-1100 10004	18521820	e starce range	Tay IND	ino ,	I BUSINE PHILIP IN	SCHOOL MESSA	SPRIENTS .	Section Williams	ele secure	A Se model a start de con de	abr.
1 a	Billed Entity								遊戏		洛隆			h e			TA TA
2 a	Funding Year:	: July	1,		through	h June 3	30, 🏖		3	Bi	lled Entit	y Numi	ber 📗	60		<b>分</b> 数物。	
4 a	Street Address P.O. Box, or Route Num	•							4.04								
_	City																
_	State	A E		Zip Code													
b	Telephone Number				22		EX I				Fax Number					V& GA	le Carrie
5 a	Type of	X	individ	lual School	(ind	ividual p	oublic or	non-put	olic sch	ool)							
	Application		Schoo	of District	ű E	A: public	or non	-nublic to	an din	raea	n) local di	etrict ra	nracanli	ac mullin	ola echo	nie)	
		es Es	Library					-	-							der LSTA)	
		(23)	יוטומון	y	(a)C	motility in	orary sy	stern' no	rary ou	HOUL	rancii or i	ilionally C	Onsoruu	11 45 001	iiieu uik	IBI ESIA)	
-		鰮	Consc	ortium —	麗	Chec	k here i	f any me	mbers	of thi	ls consorti	ium are	Ineligible	or non-	govern	nental entities.	
6	Contact Person's Name																-
	First, if the Con for the Street A				Addres	s is the	same	as in Ite	m 4, 0	chec	k this bo	)X.	翻lfno	t, pleas	e com	olete the entrie	35
-	Street Address P.O. Box, or Route Numb			<b>國國</b>													trans carr
_	City																
_	State			Zip Code													
	Check the box on try provided.	next	to you	r preferred	d mode	of cont		d provid	le your			rmation	n. One	box MU	ST be	checked and a	an
爺 c -	Telephone Number						Ext				Fax Number					Z A SA	de ante
<b>X</b> e	E-mail Addres			<b>Z</b>											建業	<b>增加</b> 關發	
f	Holiday/vacati contact inform																C 4544 TC 1874
	<del></del>						111					п <u> —</u>					



	·					_				
Entity Num			olicant's Form Identifier		ls .					
Contact Pe	rson <u>Brian</u>	Przybyla	Phone Number	954-201	-3200	ext. 1265				
discounts. C	omplete this informatio	ocessing of your applications. Please on on the FIRST Form 471 you file, to on subsequent Forms 471. Provide you	encompass this and all other F	orms 471 you wi	Il file for this t	funding year. You				
		e Item 7. Libraries complete Item 8.	Consortia complete item 7	and/or Item 8.						
Block 2:		s Ordered on Schools	<del>_</del>							
·	IF THIS APPLICATION	ON INCLUDES SCHOOLS	BEFORE ORDE	R	AFTER	ORDER				
7a	Number of students to	be served								
b	Telephone service: Nu	ımber of classrooms with phone service								
С	Dial-up Internet acces 56kbps)	s; Number of connections (up to								
	Ofrect broadband services; Number of	Less than 10 mbps								
d	buildings served at the following	Between 10 mbps and 200 mbps								
	speeds:	Greater than 200 mbps								
е	Direct connections to t	the Internet: Number of drops								
f	Number of classrooms	s with Internet access								
g Number of computers or other devices with Internet access										
Block 3: I	mpact of Service	s Ordered on Libraries								
	IF THIS APPLICATION	ON INCLUDES LIBRARIES	BEFORE ORDE	R	AFTER	ORDER				
8a	Number of library patro	ons to be served								
b	Telephone service: Nu	imber of rooms with phone service								
c	Dial-up Internet acces 56kbps)	s: Number of connections (up to								
	Direct broadband services: Number of	Less than 10 mbps								
d	buildings served at the following	Between 10 mbps and 200 mbps								
	speeds:	Greater than 200 mbps								
е	Direct connections to t	he Internet: Number of drops								
1	Number of buildings w	ith Internet access								
g	g Number of computers or other devices with Internet access									
Block 4: Discount Calculation Worksheets  You must complete a separate worksheet for each group of entities sharing one or more services. If you are filing as a consortium and your members include school districts or library systems, you must complete a separate worksheet for each of those members. In addition, if you are applying for discounts for administrative buildings or other non-instructional facilities, you must complete e worksheet for all schools in the school district or all library outlets/branches in the library system in order to calculate the appropriate discount for those facilities. In general, the following columns must be completed:										
	ONE SCHOOL DIST	RICT (SHARED SERVICES):	Colu	imns 1–7 and Co imns 1–10 and it	tem 9b, Line					
	TLETS/BRANCHES		Colu	ımns 1–10 and it ımns 1–7 and Co	olumn 11					
LIBRARY OUTLETS/BRANCHES IN ONE LIBRARY SYSTEM (SHARED SERVICES): Columns 1–7, Column 11, and Item 9b, Line 2 LIBRARY SYSTEMS: CONSORTIA (after completing a worksheet or worksheet entry for each member entity as needed): Columns 1–2, Column 12, and Item 9b, Line 3										

Please refer to the Form 471 Instructions for specific information on each Item in the worksheet.

Entity Number	16052757	—	cant's Form Ide	ntifier	C	ëës						
Contact Person BK	16052757 van Przybyla	_Cont	act Telephone I	Number	754-	202 -	3500 Ext	PUS				
Block 4: Discount C	Calculation Worksheet									Worksh		
yo∪ are filing. If you file n	used to calculate your discount for nore than one worksheet, please nu or information specific to the Type of	ımber t	he completed w	orksheets to a	issure tha					ase	of	
<ul> <li>List entities and calculate dischool District or Library Sys</li> </ul>				School	ol District	or Librar	y System Entit	y Number	r:	(For	Administr	ator's Us
1	2	3 Urban	4	5	6	7	8	9	10	11	12	13
Name of Eligible Entity  Entity Number AND  NCES Code (for Schools) or  FSCS Code (for Librarius)  ALL ENTITES			Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSEP (Col. 51 Col 4)	Discount from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Pre-K Advik Ed Or Juvende Justice	Alt Dise March	Entity Number of School District In which Library Outlet/Branch is Located	Discount of Marrider Entity	Shared Discount
	SCH0	KOLS AKO LIBRARIES			Schools with Shared Services	Scho	olz.	Library Outlets/Branches	Consortia			
								A				
			医糖基苯基苯	15 15 15 15 15 15 15 15 15 15 15 15 15 1							<b>88</b>	
					<b>6</b>	<b>(28</b> )						
					\$5 EE				<b>33</b>		88	
										%		
					####				<b>25</b>			
9b Shared Services SCHOOL DISTRICTS: (Inclu	iding groups of schools within school dis	tricts.)			St. With	14.200		stale or				
alculate the totals of Columns 4 and 8. Divide the total of Column 8 by e total of Column 4. Enter the result in Column 13.												

LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by

CONSORTIA: Calculate the total of Column 12. Divide this total by the number of member entities. Enter the result in Column 13.

the number of outlets/branches. Enter the result in Column 13.

Entity N		ı İdeni	
Contact	Person SRIAN 1824 byla Phon	ne Nui	mber <u>954-202-3520 Lp4/245</u>
	Discount Funding Request(s)		150 KW DON 150 SOU 153 KW 250
for which	lons: Use one Block 5 page for EACH service (Funding Request Numb nyou are requesting discounts. Make as many copies of this page as	er)	Block 5, page
	and number the completed pages to assure that they are all processed	corre	ctly.
<del> </del>	If this is a duplicate Funding Request (e.g., of an FRN that is not	Luct or	Portough under annual Print Park Barrier Warring Warri
10	etc.), check this box and enter the original FRN in the space pro		sproved, under appeal,
11	Category of Service ( only ONE category should be checked)		23 Calculations
''。	PRIORITY 1 PRIORITY 2	<del>                                     </del>	A. Monthly charges (total amount per month for service)
×	Telecommunications Internal Connections Other than Basic	ì	<b>以及其關係 医胃肠皮肤 的關係的 经</b> 收益 医中枢 网络 医皮肤 经被收益 医皮肤
]	Service	}	MENTAL SERVICE OF THE
	Connections Connections	!	
12	Form 470 Application Number	8	
(		Charges	B. How much of the amount in A is ineligible?
13	SPIN - Service Provider Identification Number	ည်း	
] '`		Recurring	C. Eligible monthly pre-discount amount (A minus B)
14	Service Provider Name	<b>₩</b>	
'-	TOTAL PROVIDER NAME OF THE POST OF THE POS	}	D. Number of months service provided in funding year
<b>f</b>	是	ł	
<b>,</b>		[	E. Annual pre-discount amount for eligible recurring charges (C x D)
<u> </u>	Check this box if this Funding Request is for non-contracted	ļ	
15a	tariffed or month-to-month services.	. [	F. Annual non-recurring charges
15b	Contract Number	Non-Recurring Charges	
<u> </u>		\ \tilde{5}_{\overline{0}}	<u> </u>
15c	Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third purty, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).	ğ	G. How much of the emount in F is inellgible?
		နို	
15d	Check this box if this Funding Request is a continuation of an FRN from a previous tunking year based on a multi-year contract.	Ş	· .
ļ <u>.</u>	If so, provide that FRN here: Passage and	]	
16a	Billing Account Number (e.g., billed telephone number)	ĺ	}
1		1	
16b	Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.	1	H. Annual eligible pre-discount amount for non-recurring charges (F minus G)
<del></del>	Allowable Vendor Selection/Contract Date (mm/dd/yyyy)	1	ECTIVIDAD BACKAMI Antimiti landono provinda province POLOTin ex 2004 letturni interne y rotorem gallette e purchall informat.
17	(based on Form 470 filing)	l	
18	Contract Award Date (mm/dd/yyyy)		Total funding year pre-discount emount (E + H)
<del></del>	Service Start Date (mm/dd/yyyy) 医溶解医胃原理医胃原理医胃原理	, ž	THE MENT OF THE PROPERTY WAS AND THE PROPERTY OF THE PROPERTY
19		ğ.	
20a	Service End Date (mm/cd/yyyy)	Total Charges	J. Discount from Block 4 Worksheet
20b	Contract Expiration Date (mm/dd/yyyy)	] [	K. Funding Commitment Request (i x J)
21 You t	Description of This Service: AUST attach a description of the service, including a preakdown of components, or	nsis.	Attachment
manu	facturer name, make end model number. You must include any additional accounters if the billed account has multiple numbers. Lebel the description with an Attac	il or tele	
	ote number in space provided.  o. If the service is site.		
22		ers), list	t the Entity Number of
		red by a	all entities on a Block 4
	#Olishoot, list the wor		COLUMN TO THE PARTY OF THE PART

Entity Number	16052757	Applicant's Form Identifier	CLLS
Contact Person	Breian Przybyla	Phone Number	954-202-3500 Myd-1265

### **Block 6: Certifications and Signature**

- 24 🕍 I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
  - a schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
  - b libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.
- I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).
  - a Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.)
  - b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)
  - c Total applicant non-discount share (Subtract Item 25b from Item 25a.)
  - d Total budgeted amount allocated to resources not eligible for E-rate support
  - Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)
- Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.
- I certify that all of the schools and libraries or library consortia liated in Block 4 of this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and an SLD-certified technology plan approver, prior to the commencement of service. The plans were written at the following level(s):
  - am individual technology plan for using the services requested in this application; and/or
  - b igher-level technology plan(s) for using the services requested in this application; or
  - c 🔯 no technology plan needed; applying for basic locel, cellular, PCS, and/or long distance telephone service and/or voice mall only.
- I certify that I posted my Form 470 and (if applicable) made my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
- 28 certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurament/competitive bidding requirements and that the entity or entities ilstad on this application have complied with them.
- 1 certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the Billed Entity has not received anything of value or a promise of anything of value, other than services and equipment requested under this form, from the service provider(s), or any representative or agent thereof or any consultant in connection with this request for services.
- 30 A I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding end/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

Entity	Number		52757	Applicant's Form Id		ees	
Conta	ct Person _	BRIGH	Przybyla.	Phone Number	954-202-3500	ext 1245	
31 🐹	l acknowled and libraries	lge that the disc s that are treate	ount level used for sha d as sharing in the serv	red services is conditionarice, receive an approprie	al, for future years, upor ate share of benefits from	n ensuring that the most on those services.	disadvantaged schools
32 🙀	documents services rec	necessary to de ceiving schools	emonstrate compliance and libraries discounts,	with the statute and Com	mission rules regarding make such records ava	ervice delivered. I certify g the application for, rece ifable to the Administrato	ipt of, and delivery of
33 🎉	that I am au the informat have compl form can be	ithorized to sub- lion on this form lied with the term punished by fir	mit this request on behing the strue and correct to the strue and correct to the strue and purpose or forfeiture under the strue and str	alf of the eligible entity(ies he best of my knowledge oses of the program, tha	s) listed on this applicati , that the entities that ar t no kickbacks were paid 17 U.S.C. Secs. 502, 50	ible entity(ies) listed on the continuity in that I have examined to receiving discounts put do anyone and that fals 3(b), or fine or imprisonments.	this request, that all of rsuant to this application e statements on this
34 😿	their participation, reasonable application,	pation in the sch measures to be or any person a	nools and libraries supp informed, and will notil associated in any way v	ort mechanism are subje fy USAC should I be infol	ct to suspension and de med or become aware entities listed on this app	or held civilly liable for ce barment from the progra that I or any of the entitie plication, is convicted of a nism.	m. I will institute s listed on this
36 🌠	I certify that components Sec. 54,504	s, that I have all	inding Requests on this ocated the cost of the c	Form 471 are for discourtion for the second	nts for products or servi	ices that contain both elig required by the Commiss	ible and ineligible ion's rules at 47 C.F.R.
36 🔯	the Commis	ssion requireme	nt that eligible entities a	le a request for internatic are not eligible for such si at 47 C.F.R. Sec. 54.506	upport more than twice of	cept basic malntenance s every five funding years t	services, in violation of seginning with Funding
37 💢	services fea rule, the pro	itured on this Fo ovision, by <b>rthe</b> p	orm 471 are net of any :	rebates or discounts offer service, of free services o	red by the service provid	provider. The pre-disco der. I acknowledge that, the supported service or	for the purpose of this
38	श्ची	ure of authoriz	ed person		39 Date		
40	Printed	name of autho	orized person		a delegas delegas delegas. Por Territor appropriación delegas del		,
41	Title or	position of au	thorized person				
42a							
	City State		Zip Code				
		ons number of	authorized person	Ext	42c Fax num	ber of authorized perso	n
42b	28			7 0	Market Street, ventall	MATRICIA CONTRACTOR CONTRACTOR DESCRIPTION	
42d	E-mail	address of aut	horized person				n
42e	Name (	of authorized p	araon's employer				

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to datermine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC, or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable taw, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the Information We request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

#### Please submit this form to:

SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mall this form to:

SLD Forms ATTN: SLD Form 471 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100

Approval by OMB 3060-0806

## Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471

Estimated Average Burden Hours per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.el.universaleervice.org.)

The instructions include information on the deadlines for filing this application Form 471 Application# Applicant's Form Identifier (Create your own code to identify THIS Form 471) Block 1: Billed Entity Information (The "Billed Entity" is the entity paying the bills for the services listed on this form.) Name of Billed Entity through June 30, **Billed Entity Number** Funding Year: July 1, 2 a Street Address. P.O. Box, 4 a or Route Number City Zip Code State Fax Telephone C Number Number b Type of 5 a Individual School (individual public or non-public school) Application School District (LEA; public or non-public [e.g. diocesan) local district representing multiple schools) (including library system, library outlet/branch or library consortium as defined under LSTA) Library Check here if any members of this consortium are ineligible or non-governmental entities. Consorlium Contact Person's Name First, if the Contact Person's Street Address is the same as in Item 4, check this box. **ண** If not, please complete the entries for the Street Address below. Street Address, P.O. Box. or Route Number City Zip Code State Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided Fax 쭱 C Numboi d Number E-mail Address 紁e Holiday/vacation/summer contact information:



		0.1.70						
Entity Num		<u> 32148                                     </u>	_ Applicant's Form Identifier	<u>Dmes</u>				
Contact Pe	erson <u>Brûk</u>	in Przybyla_	Phone Number	954-202-3500 ext 1265				
discounts. C	omplete this information	on on the FIRST Form 471 you f		ervices for which you are requesting rms 471 you will file for this funding year. You es ordered across ALL of your Forms 471.				
Schools/sch	ool districts complet	e item 7. Libraries complete i	tem 8. Consortia complete Item 7 ar	nd/or item 8.				
Block 2:	<del></del>	s Ordered on Schools						
	IF THIS APPLICATI	ON INCLUDES SCHOOLS	BEFORE ORDER	AFTER ORDER				
7a	Number of students to	be served						
b	Telephone service: No	umber of classrooms with phone s	ervice					
C	Dial-up Internet acces 56kbps)	s: Number of connections (up to						
	Direct broadband	Less than 10 mbps						
d	services: Number of buildings served at the following	Between 10 mbps and 200 mbp	s					
	Speeds: Greater than 200 mbps							
е	Direct connections to	the Internet: Number of drops						
f	Number of classroom	s with Internet access						
g	Number of computers	or other devices with Internet acco	935					
Block 3:	Impact of Service	s Ordered on Libraries						
	IF THIS APPLICATE	ON INCLUDES LIBRARIES	BEFORE ORDER	AFTER ORDER				
8a	Number of library patr	ons to be served						
b	Telephone service: No	mber of rooms with phone service						
c	Dial-up Internet acces 56kbps)	s: Number of connections (up to						
	Direct broadband services: Number of	Less than 10 mbps						
d	buildings served at the following	Between 10 mbps and 200 mbps						
	speeds:	Greater than 200 mbps						
е	Direct connections to	the Internet: Number of drops						
f	Number of buildings w	ith Internet access						
g	Number of computers	or other devices with Internet acce	989					
	Discount Calcula		charing and as a second	The filling and a second secon				
include school discounts for	ol districts or library sys administrative building	stems, you must complete a sep s or other non-instructional facil	arate worksheet for each of those mem	re filing as a consortium and your members obers. In addition, if you are applying for or all schools in the school district or all library teneral, the following columns must be				
INDIVIDUAL				nns 1–7 and Columns 9–10				
SCHOOLS IN		RICT (SHARED SERVICES):	Columns 1~10 and Item 9b, Line 1 Columns 1~10 and Item 9b, Line 1					

LIBRARY OUTLETS/BRANCHES
LIBRARY OUTLETS/BRANCHES IN ONE LIBRARY SYSTEM (SHARED SERVICES):

LIBRARY OUTLETS/BRANCHES

LIBRARY OUTLETS/BRANCHES IN ONE LIBRARY SYSTEM (SHARED SERVICES):

LIBRARY SYSTEMS:

COlumns 1–7 and Column 11.

Columns 1–7, Column 11, and Item 9b, Line 2

Columns 1–7, Column 11, end Item 9b, Line 2

CONSORTIA (after completing a worksheet or worksheet entry for each member entity as needed):

COLUMNS 1–2, Column 12, and Item 9b, Line 3

Please refer to the Form 471 Instructions for specific information on each Item in the worksheet.

20			Appli	Applicant's Form Identifier									
Contact Person	Spice	n Przybyla	_ Cont	Contact Telephone Number 954-202-3500 ext - 1245									
Block 4: Disco	ount Calc	ulation Worksheet									Worksh	eet	
The Paris I also						_					Page	_of	
The Block 4 works?	heet is use ou file more	d to calculate your discount for than one worksheet, please n	service	s. You will com	piete one or fi orkebeate to s	nore work	(sheets d	lepending on t	the type o	of application	cation		
		ormation specific to the Type of					at they ar	e dii processe	a conect	ıy. Fic	230		
List entities and calc	ulate discou	int(s):	•	•							(For	Administra	atori
hool District or Libr					Scho	ol District	or Librar	y Sy <del>s</del> tem Entif	y Number	r:			
1		2	3	4	5	6	7	8	9	10	11	12	_
fizme of Eligible Ent	lley	Entity Number AND NCES Code (for Schools) or	Urban	Total Number of Students	Number of Students Eligible	Percent of Students	Discount from	Weighted Product for Calculating	Pre-K Adult Ed	AR Disc	Entity Number of School District in	Discount	31 5-
		FSCS Code (for Libraries)	Runul Uer R	Ļ	for MSLP	Eligible for NSL	Discount Matrix	Shared Discount (CoL 4 x CoL 7)	Juvenile	Mech	which Library Outlet/Branch is	Member Entity	[
			<u> </u>		<u> </u>	(Col. \$1 Col 4)		Schools with	Justica		Located	<u> </u>	(82.58
<del></del>	ALL EN	11111128 	╀	*CHC	OLS AND LIBRARIES		<del></del>	Shared Services	Schools		Outlets/Branches	Consortia	
			) (23)	(100 (100 (100 (100 (100 (100 (100 (100	[2350]2 <del>25</del> 423453	reserve	(Mexico)	(S)2000000000000000000000000000000000000	 	RESKE!		1200-800E	
						200				<b>3</b> 66			
	an Canada Ara		+	<del> </del>	<del></del>	<b></b>	<del> </del> -	<del> </del> -	<del>                                     </del>	<del> </del>		<del>                                     </del>	
		<b>建是1000年1000年1000年1000年1000年100日</b>	<b>25</b>			<b>300</b>				20		<b>逐</b>	
					1	-			_				
									Ī				
						KA SE	<b>ASS</b>						
	W. Calandari	Anna State and and and and and and and and and	-	<b>_</b>	<u></u> _	<del></del>	<del> </del>	<del> </del>		<u> </u>		<del></del> -	_
				(CO) (4) E (CO) (CO) (CO) (CO)						1550	WINDS OF	274003	30
	7 <b>2 2 3</b> 3	254222320025	529				<b>K65-1</b> 235-1			<b>3</b>			â
	e de de de constant		<del>-</del>	<del>                                     </del>	<del> </del>	<del></del>	<del>                                     </del>	<del> </del>	<del>                                     </del>	<del> </del>	<del></del>	<del>                                     </del>	
						<b>38</b> 88						166	
											203935 20253 (00)		
			_								WEST STATES		
							<b>***</b>						
Shared Services	CAN DESCRIPTION OF THE PERSON			L	<u> </u>	L		L	L	<u> </u>	<u> </u>	<del></del>	
	: (Including	groups of schools within school di	stricts.)		Mary Waller					Tr. Maria			4
		and 8. Divide the total of Column	8 by										8
e total of Column 4.	30 A & 20			· · ·						1			
		he total of Column 7. Divide this to inter the result in Column 13.	DIA! Dy				\$25.50°						
					4 44 4 4 4					╄╼			
ONSORTIA: Calcula umber of member en								Section in the					

22 2 11/15		A - 2 - 2
Entity Number 230178 Applicant's Fo		
Contact Person Onun Przybyla P	hone Nu	imber 954-202-3500 ext 1265"
Block 5: Discount Funding Request(s) Instructione: Use one Block 5 page for EACH service (Funding Request Nu for which you are requesting discounts. Make as many copies of this page a needed, and number the completed pages to assure that they are all proces	ıs	Block 5, page of solutions of the solution of
If this is a duplicate Funding Request (e.g., of an FRN that is etc.), check this box and enter the original FRN in the space		
Category of Service (only ONE category should be checked)		23 Calculations
W PRIORITY 1 PRIORITY 2	ļ	A. Monthly charges (total amount per month for service)
Telecommunications Service  Internal Connections Other than Basic Maintenance		
Internet Access Basic Maintenance of Internal Connections		1
12 Form 470 Application Number	<b>1</b>	
	Charges	B. How much of the amount in A is Ineligible?
13 SPIN - Service Provider Identification Number	§	
	Recurring	C. Eligible monthly pre-discount amount (A minus 8)
14 Service Provider Name	}	D. Number of months service provided in funding year
		S. Herribs, S. Horitis service provided in familiary year
	1	E. Annual pre-discount amount for eligible recurring charges (C x D)
Check this boy if this Funding Population for non-polytoplad		
15a Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.	\ <u>v</u>	F. Annual non-recurring charges
15b Contract Number	Non-Recurring Charges	
15c Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then ma evailable to an engible entity thrit purchases directly from the service provider).	de de	G. How much of the amount in F is ineligible?
15d Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-viser contract. If so, provide that FRN here.	Non-Re	
16a Billing Account Number (e.g., billed telephone number)		
16b Check this box if there are multiple Billing Account Numbers and ettach complete list of those numbers to this page.	8	H, Annual eligible pre-discount amount for non-recurring charges (F minus G)
Altowable Vendor Selection/Contract Date (mm/dd/yyyy)  17 (based on Form 470 filing)	7	
18 Contract Award Date (mm/dd/yyyy)	╁	Totel funding year pre-discount amount (E + H)
Service Start Date (mm/dd/yyyy)		
20a Service End Date (mm/dd/yyyy)	Total Charges	J. Discount from Block 4 Worksheet
Contract Expiration Date 20b (mm/dd/yyyy)		K. Funding Commitment Request (I x J)
21 Description of This Service:		Attachment
You MUST attach a description of the service, including a breakdown of component manufacturer name, make and model number. You must include any additional accumbers if the billed account has multiple numbers. Label the description with an A and note number in space provided.	ount or te	
a. If the service is and not shared by the entity/Entities Receiving This Service:  a. If the service is and not shared by the entity from Biol	others), ils ck 4 raceiv shared by	all entities on a Block 4

Entity Number	232148	Applicant's Form Identifier	omes	
Contact Person	Brian Przyby	Phone Number	954-202-3500 AXT 1265	

### **Block 6: Certifications and Signature**

- 24 🐹 I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
  - a schools under the statutory definitions of elementary end secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38), thet do not operate as for-profit businesses and do not have endowments exceeding \$50 million, and/or
  - b libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology
    Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not
    limited to, elementary, secondary schools, colleges, or universities.
- I certify that the entity I represent or the entities fisted on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, meintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured eccess to ell of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).
- Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23) on all Block 5 Discount Funding Requests.)
- Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)
- c Total applicant non-discount share (Subtract Item 25b from Item 25a.)
- d
  Total budgeted amount allocated to resources not eligible for E-rate support
- Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)
- Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if e service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.
- 26 I certify that all of the schools and libraries or library consortia listed in Block 4 of this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and an SLD-certified technology plan approver, prior to the commencement of service. The plans were written at the following level(s):
  - a mindividual technology plan for using the services requested in this application; and/or
  - b higher-level technology plan(s) for using the services requested in this application; or
  - c 💹 no technology plan needed; applying for basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only.
- 27 Lecrtify that I posted my Form 470 and (if applicable) made my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
- 28 I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entitles listed on this application have complied with them.
- 29 1 certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the Billed Entity has not received anything of value or a promise of anything of value, other than services and equipment requested under this form, from the service provider(s), or any representative or agent thereof or any consultant in connection with this request for services.
- 30 1 certify that I and the entity(ies) I represent have complied with ell program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There ere signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

		72	A 11 (B)		<u> </u>	2/: 0	
Entity	Number	23	<u>4195</u>	Applicant's Form Id	······	76 S	<del></del>
Conta	ct Person	[Sman]	1724 byla	Phone Number	954-202-350	<u>vo ext reus</u>	
			<u>'-</u>			<del></del>	
31 🎉				nared services is conditional rvice, receive an appropria			most disadvantaged schools
40 J##	- A.E. B.					3.5 1 P 1 1	AM A 1 1 10 11 1 1
32	i certify the document	at i will retain requ s necessary in de	juired documents for a emonstrate complianc	period of at least five year e with the statute and Com	's after the lest day of s imission rules regarding	ervice delivered. I c	certify that I will retein all receipt of, and delivery of
	services re	aceiving schools	and libraries discount	s, end that If audited, I will	make such records ava		strator. I acknowledge that I
	may be au	idited pursuant to	o participation in the s	chools and libraries progra	m,		
33	I certify tha	at I am authorized	d to order telecommu	nications and other suppor	ed services for the elig	ible entity(ies) listed	on this application. I certify
	that I am a						mined this request, that all of
				ithe best of my knowledge rposes of the program, tha			ts pursuant to this application It false statements on this
	form can t	e punished by fir	ne or forfeiture under	the Communications Act, 4	7 U.S.C. Secs. 502, 50		isonment under Title 18 of the
٧.	United Sta	ites Code, 18 U.S	S.C Sec. 1001 and ci	vil violations of the False C	laims Act.		
344	i acknowle	edge that FCC rul	les provide that perso	ns who have been convicte	ed of criminal violations	or held civilly liable	for certain acts arising from
~	their partic	cipation in the sch	hools and libraries sur	port mechanism are subje	of to suspension and de	ebarment from the p	rogram. I will institute
				etify USAC should I be infor with my entity and/or the a			
				pation in the schools and li			a of a official violation of
35	Lacetituthi	at if any of the Tu	indina Daguagia ee th	is Farm 474 are for diagon	ala fas producile as eac	ieee that captein ba	th aliaible and isoliaible
30 <u>M</u>				is Form 471 are for discout contract to eligible and ine			in eligible and inengible imission's rules at 47 C.F.R.
		04(g)(1), (2).		3	<b>3</b> · F ·	,, .	
36 10	Leartify lis	at this funding rec	ouest does not constit	ute a request for internal o	onnections services ex	rent hasic maintens	ance services, in violation of
OO SON							ears beginning with Funding
	Year 2005	as required by the	he Commission's rule	s at 47 C.F.R. Sec. 54.506	(c).		
37	I certify tha	at the non-discou	int portion of the costs	for eligible services will no	t be paid by the service	provider. The pre-	discount costs of eligible
P. 1780	services fe	eatured on this Fo	orm 471 are net of any	y rebates or discounts offer	ed by the service provi	der. Facknowledge	that, for the purpose of this
	ruie, the p	rovision, by the p	cost of the supported	l service, of free services o Services	r products unrelated to	the supported servi	ce or product constitutes a
38	Signa	atife of authoriz	zed-purson-		39 Date		
	Printe	ed name of author	orized person			WEED.	
40							
)	100						
41	Title o	or position of au	ithorized peraon zaseko kastenako koa	i 1800an kunda Proban komun merkas dagan par	en derva legera barra karra karr	erasi pangan najawa nahanak nahanak as	798 D-640
1	Strest	Address, P.O.	Box, or Route Numb	er .	- Property Management Property Control P	Marie Communication of the Com	
42a	機	<b>阿切禮際</b> [					
{	PACE.						
	City W2881	ISSAN IPIKSH KASSI DIRAK M	nnia Green intere einen kizena koro		ara dadar Karar dagan larah menadi k	BAN MESON DANKE BESKER MANN K	
Ì	腊	$\mathcal{D}W$ $\mathcal{H}$ $\mathcal{H}$		<b>建造地位的</b>			
	State		Zip Code				
	HANN GeleT	Mai bone number of	fauthorized person	Maria Roma Maria Babar Ext	42c Fax num	ber of authorized (	person
42b	REGISTAL TOTOL	DENNE PERSONAL PROPERTY PROPER	A MAN HOUSE RESIDENCE	Prints Ports and	BOSE BOSE WAR	NAME AND DESCRIPTION OF THE PERSON OF THE PE	M1 B250 1220 LWA
1				76 A G			
دمه ا	E-ma	il address of aut	thorized person	Lancas States of Market			
42d			D CONTRACT TO FRANCE DESCRIPTION AND A STATE OF	<b>深深跳出网络</b> 第二			Mm
)	楹雅			hen kara			
428	Name	of authorized p	person's employer				
1			<b>网络阿拉斯 医阿拉克斯 医阿拉克</b>				BEENER .

The Americans with Disabilities Act, the Individues with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and ueable by people with disabilities.

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC, or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

#### Please submit this form to:

SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms ATTN: SLD Form 471 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100

Approval by OMB 3060-0806

## Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471

Estimated Average Burden Hours per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.si.universalservice.org.)

Please read instructions before beginning this application. (You can also file online at www.si.universalservice.org.) The instructions include information on the deadlines for filing this application. Applicant's Form Identifier (Create your own code to identify THIS Form 471) Block 1: Billed Entity Information (The "Billed Entity" is the entity paying the bills for the services listed on this form.) Name of 1 a Billed Entity through June 30, Billed Entity Number Funding Year: July 1, 2 a Street Address, P.O. Box. or Route Number City State Zip Code Fax Telephone Number Number b 5 a Type of Individual School (individual public or non-public school) Application School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools) (including library system, library outlet/branch or library consortium as defined under LSTA) Library Consortium Check here if any members of this consortium are ineligible or non-governmental entities. Contact Person's Name First, if the Contact Person's Street Address is the same as in Item 4, check this box If not, please complete the entries for the Street Address below Street Address, P.O. Box, or Route Number City Zip Code State Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided Fax Telephone 题 C Number Number E-mail Address Holiday/vacation/summer contact information:

Entity Num	nber 2	28.31/13	Applicant's Form Identifier	Fees	
Contact Pe	- 2,,3	an Przybyla	Phone Number	954-202-3	500 ext. 1265
discounts. C	omplete this information	on on the FIRST Form 471 yo	Please complete all rows that apply to u file, to encompass this and all other F Provide your best estimates for the service.	orms 471 vou will file	for this funding year. You
Schools/sch	nool districts complete	te item 7. Libraries complet	is Item 8. Consortia complete Item 7	and/or Item 8.	<u> </u>
Block 2:	Impact of Service	os Ordered on Schools	3		
·	IF THIS APPLICATION	ON INCLUDES SCHOOLS	BEFORE ORDE	R A	FTER ORDER
7a	Number of students to	be served			e e e e e e e e e e e e e e e e e e e
þ	Telsphone service: N	umber of classrooms with phone	a service		
· c	Dial-up Internet acces 56kbps)	s: Number of connections (up to			
d	Direct broadband services: Number of buildings served at the following speeds:	Less than 10 mbps  Between 10 mbps and 200 m  Greater than 200 mbps	bps Distriction of the second		
е	Direct connections to	the Internet: Number of drops			
f	Number of classroom	s with internet access			
g	Number of computers	or other devices with Internet a	ccess		
Block 3:	Impact of Service	s Ordered on Librarie	s		
	IF THIS APPLICATE	ON INCLUDES LIBRARIES	BEFORE ORDE	R A	FTER ORDER
8a	Number of library patr	rons to be served			
b	Telephone service: No	umber of rooms with phone serv	rice		
С	Dial-up Internet acces 56kbps)	s: Number of connections (up to			
d	Olrect broadband services: Number of buildings served at the following speeds:	Less than 10 mbps  Between 10 mbps and 200 m  Greater than 200 mbps	bps		
е	Direct connections to	the Internet: Number of drops			
f	Number of buildings w	rith Internet access			
g	Number of computers	or other devices with Internet a	ccess		
You must coi include schoo discounts for	mplete a separate work of districts or library sys administrative building	stems, you must complete a s gs or other non-instructional fa	es sharing one or more services. If you eparate worksheet for each of those me collities, you must complete a worksheet propriate discount for those facilities. In	embers. In addition, if for all schools in the	you are applying for school district or all library
SCHOOL DIS	NONE SCHOOL DIST	RICT (SHARED SERVICES):	Colu Colu	umns 1-7 and Column umns 1-10 and Item 9 umns 1-10 and Item 9 umns 1-7 and Column	b, Line 1 b, Line 1

LIBRARY OUTLETS/BRANCHES IN ONE LIBRARY SYSTEM (SHARED SERVICES): LIBRARY SYSTEMS: LIBRARY OUTLETS/BRANCHES IN ONE LIBRARY SYSTEM (SHARED SERVICES):

Columns 1–7, Column 11, and Item 9b, Line 2
Consort/A (after completing a worksheet or worksheet entry for each member entity as needed):

Columns 1–7, Column 11, and Item 9b, Line 2
Consort/A (after completing a worksheet or worksheet entry for each member entity as needed):

Columns 1–2, Column 12, and Item 9b, Line 3

Entity Number 228363  Contact Person Brúan Przybyla				cant's Form Ide	entifier	<del>2</del> /	ECCS.	3500 A4	/ /n. ~				
Contact Person	Bruar	przybyla	_ Cont	act Telephone	Number	<u> 154-2</u>	102 -	3500 AYA	1265				
Block 4: Disc	ount Calc	ulation Worksheet						<del>-</del>			Worksh	eet	
											Page	_ of	
The Block 4 works	heet is use	d to calculate your discount for	service	s. You will com	piete one or n	nore work	sheets o	depending on t	he t <b>ype</b> o	of appli	cation		
refer to the instruc	ou file more	than one worksheet, please normation specific to the Type of	umber t 4 Applia	ne completed w	orksheets to a	ssure tha	it they ar	e all processe	d correct	iy. Pie	ase	N 1808	
			n Applic	ation you malca	tea iii biock 1,	nem s.					**************************************		
List entities and cal chool District or Lib					Scho	ol District	or Librar	y System Entit	y Number	r:	(For	r Administr	rator's U
1		2	3	4	5	6	7	8	9	10	11	12	13
Name of Eligible &	ARY	Entity Number AND NCES Code (for Schools) or	Urban	Total Number of Students	Number of Students Eligible	Percent of Students	Discount from	Weighted Product for Calculating	Pro-K Adult Ed	Aft Disc	Entity Number of School District in	Discount	Shared
·	:	FSCS Code (for Libraries)	Rund Uorfi		for NSLP	Eligible for NSLP (Col. 5 / Col. 4)	Discount Matrix	Shared Discount (CoL 4 x CoL ?)	Dr Juvenite Justice	Mech	which Library Outlet/Branch is Located	Member Entity	
	ALL E	ппез		эсно	OLS AND LIBRARIES		<u> </u>	Schools with Shared Services	3cho-	ots	Library Outlets/Branchez	Consortia	
	**************************************	2.28363											
			<b>2</b>			Se	20	388 35 36 35	<b>3</b>				
			┪	<del> </del>	<del> </del>			<del> </del> -		<del>                                     </del>	<del></del>	<del>-</del>	
		是 经基础 经 经 经 经 经 经 经 经 经 经 经 经 经 经 经 经 经 经					2				<b>M</b>	SE 55	
										DIAM		751000	
									622	। इन्छन		9000 POTO	
		erokken ene	528				2397.55		33	<b>E</b>			
শক্ত ক্লয় ভালাক ক্ষেত্ৰ ক্ষেত্ৰ ক্ষেত্ৰ ক্ষেত্ৰ	550 <b>2-1</b> 0 520 077			<del>                                     </del>	<del></del>		<u> </u>	<del> </del>		<u> </u>		<del>} ·</del>	
			<b>2</b>		<b>2</b> 55 37 57 58 5		<b>88</b>						
			C-600	essiasiana enaem		<u>ESSEC</u>	M2230-323		15253	1 222		**************************************	
							†	<u> </u>					
			<b>3</b>				<b>28</b>		<b>58</b>	<b>38</b>	979 - 10 TO	<b>3</b> (4.9)E	
	SEEE SEE										THE CASE OF STREET		
					<u> </u>	<i>72.46</i>			334	<b>E</b>			
				<u> </u>			<u> </u>	<u> </u>				<u></u>	
b Shared Services	محناد المحاد	groups of schools within school di								Profession	n ni karang galanggan ka	Same of the second	-
Calculate the totals of	f Columns 4	and 8. Divide the total of Column		500000000000000000000000000000000000000									78.22
he total of Column 4.													<u> </u>
IBRARY SYSTEMS: he number of outlets													
IS HOUSE OF COURS		ine die Jesuk in Column 15.											
ONSORTIA: Calcul	late the total	of Column 12. Divide this total by	the	1									